

Iowa Department of Human Services

Terry E. Branstad Governor Kim Reynolds Lt. Governor Charles M. Palmer Director

Gracie Damman 516 E. 4th Street Spencer, Iowa 51301

Dear Child Care Provider,

| direct exit from the basement in addition to the inside stairway. |
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| 110.5(2)a A physician's signed statement of health and immunization status on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every two years. |
| ☐110.9(3) Facility requirements |
| 110.9(3)c All exits terminate at grade level with permanent steps. |
| ☐110.9(3)c If the second story or basement are used for childcare, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside. |
| ☐110.9(3)c The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area. |
| \Box 110.9(3)c The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window. |

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.

| [Type text] | |
|---|---|
| | isted above, you will be required to have a recheck will occur after the 45 day time period has elapsed. |
| home is not necessary. However, it is ess Department that certifies you have correct are now in complete compliance with all I mark each of the boxes listed above we completed. By doing so, you certify the | ted each of the identified regulatory violations and Departmental regulatory mandates. Please check hen the necessary corrections have been at you have completed all of the mandated hin each identified section. Also please send |
| violations noted above and am now in Departmental mandated regulatory rule | |
| X | |
| Signature | Date |
| Please do not hesitate to contact me at D regarding this letter. | HS at 712-792-4391 if you have any questions |
| Sincerely, | |
| Linda Paulson Social Worker II | |
| Always Remember: | |
| Child Care Resource and Referral is an excellent | resource for providers to access training options and support |

[Typo toyt]

in your area. You can reach Child Care Resource and Referral at 712-330-6896, Linda Daggett.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html and you can sign up for training at https://ccmis.dhs.state.ia.us/trainingregistry/

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).

